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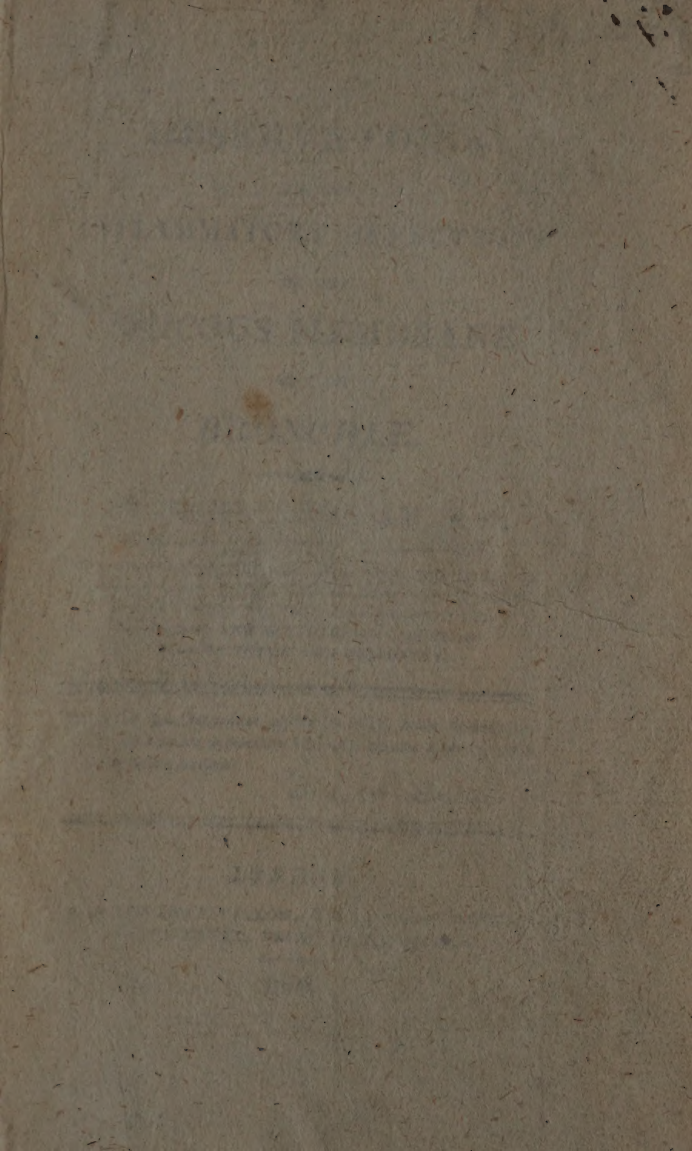
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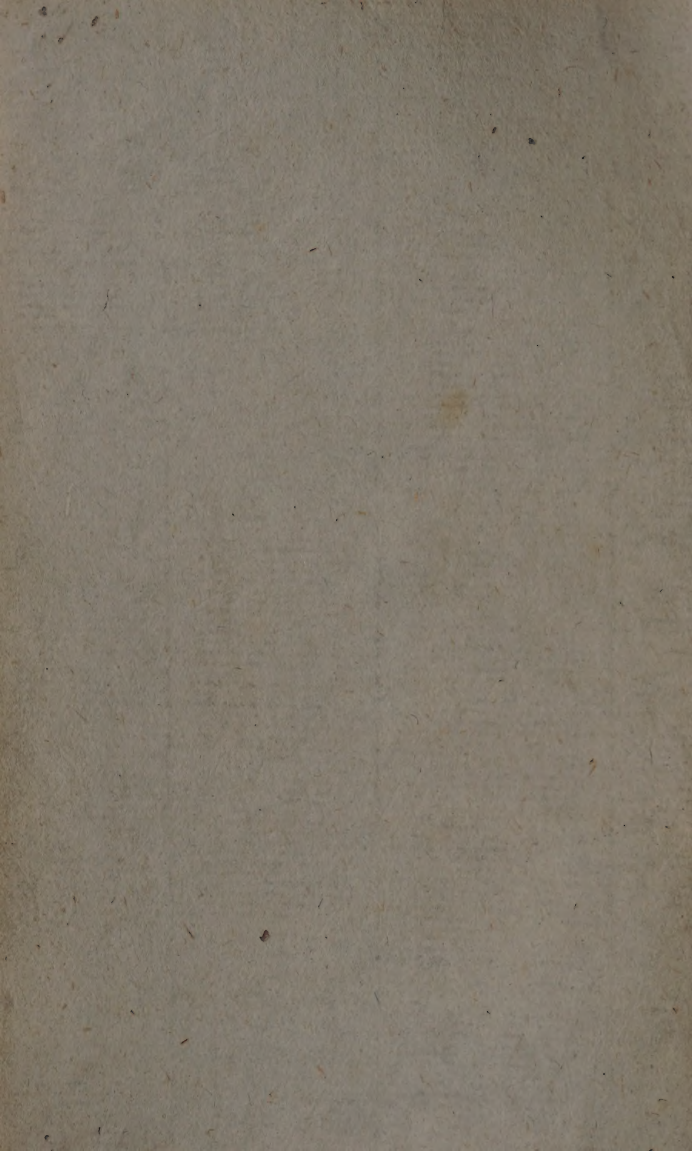
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OBSERVATIONS
ON THE
INFLAMMATORY AFFECTIONS
OF THE
MUCOUS MEMBRANE
OF THE
BRONCHIÆ.

BY CHARLES BADHAM, M.D.

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SUSSEX, AND TO HIS HOUSEHOLD; SENIOR PHY-
SICIAN TO THE WESTMINSTER GENERAL DIS-
PENSARY; AND LECTURER ON THE PRAC-
TICE OF PHYSIC AND CHEMISTRY.

Vereor ne ipse frequentior conspectus morbi nobis imponat, ut
ejusdem naturam perspexisse falso existimemus cujus externam
solam faciem novimus.

STOLL, RAT. MEDENDI.

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1808.

OBSERVATIONS

ON THE

MUCOUS MEMBRANE

OF THE



Printed by B. M'Millan, }
Bow Street, Covent Garden. }

TO

HIS ROYAL HIGHNESS

THE DUKE OF SUSSEX.

SIR,

THE importance of the subject considered in the following Treatise is such, that I trust it will meet with Your Royal Highness's favourable reception, and atone for the imperfections with which it may abound. I wish it had been more worthy Your Royal Highness's notice; but I trust

Your Royal Highness will do me
the honour to consider it as a small
token of my gratitude, and of the
profound respect with which

I am,

Your Royal Highness's

Most obedient

And devoted servant,

CHARLES BADHAM.

Clifford Street,

May 9, 1808.

PREFACE.

FROM a hope that the Observations contained in the following pages, may be found to contribute something to the illustration of an obscure subject, or at least excite the attention of such as may not have adverted to it, the Author has ventured to give them a greater publicity than they have hitherto obtained through the medium of his Lectures. He has no hesitation in expressing an opinion, that the genus of


diseases to which these remarks are directed, is very imperfectly understood; an opinion not a little confirmed by the undecided nomenclature which has at all times prevailed, and which continues to exist on this subject. There exists, it would seem, a general impression, that being acquainted with the phenomena and treatment of Pleurisy and Peripneumony, we are in possession of all that is to be known of any importance, with regard to the *acute* diseases of the organs of respiration; and yet actual practice supplies abundant evidence, that our know-

ledge of these diseases by no means exhausts the subject. That there is an acute inflammation of the air-passages, attended with fever, orthopnœa, and cough, and often, perhaps generally, having a fatal termination, is most certain ; those who have not attended to it, will find it sufficiently proved, even by the limited materials of the following pages. And though the sphere of the Author's professional observations at the Westminster General Dispensary, has been sufficiently extensive to give him ample opportunities of becoming satis-

fied of the correctness of the views he entertains concerning Bronchial Inflammation, he shall at the same time deliver them with increased confidence in connexion with several respectable authorities, which seem hitherto to have met with less attention than the importance of the subject demands.

*15, Clifford Street,
April 12, 1803.*

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OBSERVATIONS,

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CHAP. I.

*Introduction—Early Opinions respecting
Bronchial Affections.*

THE disease which forms the subject of the following pages, is an inflammatory affection of that part of the mucous membrane which lines the bronchial tubes, and perhaps also of the vesiculæ in which they terminate. It is liable to end like other inflammations, in the production of a purulent fluid, or more fre-

quently in a redundancy of the natural secretion of the parts; and death, in either case, may be occasioned by the mechanical obstruction which ensues, or by the interruption of the reciprocal operations of the air and of the blood upon each other; so that a peculiar species of inanition takes place, and an irremediable debility is induced.

As these passages are the immediate recipients of the air, and of course more directly than any other part of the organ of respiration, exposed to all those effects which result from its vicissitudes, with regard to temperature and other physical properties, that they should be peculiarly liable to disease, is a circumstance in itself

naturally to be expected, and might safely have been concluded *a priori*. Now, the disease to which we find them actually subject, is commonly inflammatory ; but there is reason to believe, that the ordinary view of this affection does not extend beyond a common catarrh. However, we may be assured that this is not all. The affection of the bronchiæ from cold, may be catarrhal or not catarrhal, and yet inflammatory in either case. In its severer form it has often no analogy whatever to catarrh, for the inflammations of the mucous membrane are chiefly of the asthenic character, the catarrhal, remarkably so ; but the most striking disease of this genus, does

not belong to the asthenic inflammations ; and there is besides, so great a variety in the degree, as well as in the essential character of these affections, and they are liable to so many modifications, from season, age, and other circumstances, that the ambiguous language in which they have been described, affords no occasion for surprise. The inflammation of the bronchial membrane, in its most acute form, though it has been touched upon in various writings on practical medicine, has never been regularly described, and has obtained no distinctive appellation, and therefore no place in systems of nosology.

A less urgent affection of the

same character, decidedly inflammatory, and having the very same parts for its seat, has been long known, and often described, but very imperfectly understood. The first accurate account of it was given by Sydenham, and it is no other than the *peripneumonia notha* of that author, and perhaps the *catarrhus suffocans* of Lieutaud. The *catarrhus pituitosus*, the *angina bronchialis*, the *tussis cum dyspnœa*, &c. are varieties of the same disease, differing from it only in the degree of violence in which the inflammation exists.

Urgent in its symptoms, rapid in its progress, and usually fatal in its event, the acute inflammation of the *bronchiæ* constitutes a very

interesting subject in practical medicine. From the number of cases which originally suggested the idea and supplied the materials of this Treatise, it must be concluded, that a share of experience on this subject, exists in the profession at large, which will supply those deficiencies necessarily arising from limited materials.

Before the immediate object of this work be entered upon, it may not be uninteresting to inquire briefly into the opinions which have from time to time existed, and are to be found, in medical writings of authority, with regard to bronchial affections in general.

The term catarrhus of the an-

cient physicians, it is well known, comprehended cases of defluxions (as they were afterwards called) on the lungs, and was not confined to the more limited affection of the nostrils and the sinuses of the head, to which it is now appropriated. The term seems also to have embraced certain acute cases of a catarrhal complexion, which proved quickly fatal; for (Hippocrates, Aph. iii. 12) we read of *κατάρροις συνταμώς ἀπολλυνίς*. These pectoral catarrhs were sometimes called *βηχώδεις* (Aphor. iii. 31); sometimes *πριγώδεις* (the catarrhus suffocativus of the moderns); and we read also of some which ended in suppuration: *κατάρροις ἐς τὴν ἀνω κοιλίην ἐκπύεσθαι ἐν ἡμερησιν εἰκοσιν*.

Some nice distinctions with regard to the specific diseases of the organs of respiration, seem to have prevailed at a very early period in the history of medicine; pleurisy, for instance, and peripneumony, can hardly be better described at this day than they were by Aretæus. But this writer went still further; for after his account of asthma, he treats of an affection which he calls *πνευμωδης*, and which appears to have been bronchial. He says, that it has an affinity to asthma; that its symptoms are, great difficulty in breathing, cough, heat, watchfulness, loss of appetite and of flesh, with small frequent pulse; that it is a disease of great length; and that it kills some

by suffocation, while others fall into an anasarca. Its chief peculiarity is stated to consist in an ineffectual effort to expectorate, or, if any thing be expelled, it is in small, white, round lumps, like hail : ἀναβησσοῦσι ὡς ἀνάξοντες, μαλαιοπνέουσι δε, οὐδεν γὰρ ἀνάγχει· ἦν δέ τε τε πνεύμονος ἀπορράγειν βίη σμικρὸν, λευκὸν, σρογγύλον, χαλαζῶδες. The idea which has been since so common, and so vaguely expressed, that the lung is liable to be infarcted with inspissated humours, is also met with in this account of Aretæus: Ἦν δὲ ἀνεκπνέος ὁ πνευμων ἢ, ὑγρῶν δε ὁκοῖόν τι πεπηγόλων ἔμπλεως*.

This description will not apply,

* Aretæus. Χρῶνιων Παθων βιβλ. Α. κεφ. 16.

and therefore cannot be supposed to refer to any of the more familiar pulmonary diseases; and besides, these had been previously discussed. The symptoms appear to indicate a bronchial inflammation, but under what precise modification, cannot be readily determined: no particular seat of the disease is here pointed out, though the parts affected by pleurisy and peripneumony are confidently and accurately assigned.

ÆTIUS.—There is an express section in the writings of Ætius, bearing for its title, “Concerning that Affection which is thought to be Pleuritic, but is not.” He speaks of certain viscid and tenacious humours generated in the

body, and carried to the lungs : these, he says, obstructing the air passages, induce a great difficulty of breathing ; under which circumstances, certain physicians having adopted an erroneous practice of opening a vein in the arm, and drawing off a large quantity of blood, have occasioned the death of their patient. For in this disease (he proceeds) it is not from pain that the respiration is impeded, but simply from obstruction of the air tubes. He recommends vomits, when the disease has gained so much ground as to threaten suffocation.—Ætius, *Tetrabiblon*, II. iv. 68.

ACTUARIUS.—If, says this author, there is a confluence of the

humours, so as to produce obstruction of the air-passages, a difficulty of breathing, great in proportion to that obstruction, ensues; but it does not always follow, that the substance of the lung is affected. In an advanced stage of the complaint, he remarks, that so much feebleness is produced, that the defluxion can with difficulty be relieved by expectoration; and the hazard of suffocation becomes imminent.—Method. Methodend. l. i. c. xviii.

There is another passage (l. iv. c. iv.), where some expectorant remedies, urtica, styrax, scilla, &c. are recommended, “to cut the tenacious humours, and exonerate the chest.”

ÆGINETA.—After describing the common affection of the head and nostrils from cold, the gravedo and coryza, this author proceeds to notice, that if the defluxion fall upon the aspera arteria, so as to irritate the membrane which lines it, hoarseness is induced, and “the tracheal disease” follows. But he rises much beyond the ordinary level of the information which existed on this subject, in noticing, that this disease is not always or necessarily a consequence of defluxion from the head, but may result from vehement exertion of the voice, or the respiration of a cold atmosphere; for thus, he says, an inflammatory affection is brought on, and if it be pro-

tracted, there follows a cough of malignant tendency*.

These authorities might readily be multiplied; but they are sufficient to shew, that some idea of pulmonary disease, neither pleuritic, nor depending on inflammation of the parenchyma of the lungs, but on an obstructed state of the bronchial tubes, prevailed among the physicians who flourished in the latter ages of the Roman empire, and is mentioned with considerable confidence in their writings.

* In the above passages, Aretæus is quoted from the edition of Wigan, Oxford, 1723; the others are from the Latin versions in the "*Artis Medicæ principes*" of Henry Stephens.

CHAP. II.

*Opinions of the Modern Systematics
on Bronchial Affections.*

IT would be a task much too laborious, and at the same time very unprofitable, to institute an extensive research into writings of a less remote period, which, while they claim no veneration from their age, are replete with all the misconceptions of the infancy of science. On whatever subject we consult them, we learn only to how great an extent the exertions of the judgment, and even the operations of the senses, may be perverted, from an

anxiety of conforming to the dogmas of antiquity. It will be enough to notice briefly, what opinions the best of the modern systematics have held on the subject:

In the *Medicina Rationalis Systematica* of Frederic Hoffmann, a work at once of genius and of observation (but which has the extraordinary merit of never permitting the disposition for hypothesis to interfere with the fidelity of its narrative), there are various passages which evidently shew the state of the author's information on this subject to have been considerable. Of the *catarrhus suffocativus* he relates, that it chiefly destroys the aged, the infirm, and infants; and he attri-

butes it to a paralytic affection of the nerves which belong to the organs of respiration. His description of the disease is obviously the fruit of personal observation.

“*Trahitur in hoc morbo summa cum difficultate et anxietate spiritus, et quia bronchiis, secedente a sanguine humore viscido seroso, repletis, nihil tamen sputi rejicitur aer admissus strepitum et ronchum in fistulis edit, donec præcluso penitus aëre, æger suffocetur. Quod antiquam evenit pulsus aliquot sæpe ante horis intermittit, sensim gracilescit penitusque intercidit: non nunquam etiam mentis turbatio**

* No writer but Hoffmann has remarked this symptom. It is evidently not a remark of the closet; the Author has more than once

pum extremorum frigore supervenit.—Med. Rat. Syst. sect. i. 17. xvi.

The description of a disease under the name of *peripneumonia notha*, which we owe to the illustrious Sydenham, has been regarded (perhaps erroneously) as an original account of an affection of the lungs not previously known. He appears rather to have described with greater felicity and correctness than others, an inflammatory affection of the *bronchiæ*; and one of the causes which may occasion the difference between his account and those of other writers, is probably this—that he been convinced of its accuracy. It is, however, only an occasional symptom.

describes the disease in its incipient state. The complaint is insidious ; its first symptoms, therefore, would readily be overlooked by less accurate observers ; whereas, in its advanced stage, with the symptoms of catarrhus suffocativus, nobody could fail to recognise it.

“ Primo febris insulsu nunc incalescit æger nunc friget. Vertiginosus est : de capitis dolore quaeritur lancinante quoties tussis importunius fatigat : urina turbida cernitur et rubens intensè : sanguis detractus pleuriticorum sanguinem refert. Anhelus sæpenu-mero spiritum crebro ac celeriter ducit ; si moneatur ut tussim provocet, haud aliter dolet caput, ac

sî in partes mox dissiliret. Dolet et thorax omnis, pulmonum, coarctatio auribus adstantium percipitur."

In this description of Sydenham, several material symptoms are noticed, which belong chiefly to the first stage of the disease, and serve to mark its essential character. The state of the pulse, the peculiarity of the respiration, the appearances of the blood and of the urine, and the head-ach which attends, are all important particulars ; and if the description itself were in any respect defective, if it had left us in doubt whether the affection were of an inflammatory nature or not, we should have our difficulties re-

moved by adverting to the practical directions which follow. Venesection was employed, and even repeated, and an antiphlogistic treatment was adopted.

How Mr. Lieutaud, after reading this excellent description, and recognising most of the symptoms in his own, could bring himself to believe that it was owing to an infarction of the blood-vessels of the lungs, “a phlogosi plane alienum,” it is difficult to comprehend. Yet such is the opinion he expresses in his account of the peripneumonia notha.—*Synop. Univ. Prax. Med.* vol. i. p. 198.

In another chapter, the same writer describes the catarrhus suffocans. Of this disease he makes

two species; one proceeding, he says, from a spasmodic constriction of the glottis; the other, a bronchiorum infarctu. Here he rests, as Hoffmann had done, and all the earlier writers; and resting here, is not at all more advanced in his pathology than *Ætius* and his contemporaries. All talk of infarction (meaning probably of the bronchiæ); but this is merely an effect; and its cause one can scarcely doubt to be an increased action of the vessels on their surface, sometimes amounting to real inflammation; at others, to what may be called a sub-inflammatory state.

Dr. Cullen's observations on the pathology of this disease (for his

description is merely that of Sydenham) is very unsatisfactory, and so far as it goes, is probably incorrect. He thinks it is originally a catarrhal affection, which in its course excites some degree of pneumonic inflammation, and destroys life by a serous effusion. Since his time, any inquiry into the seat of the complaint seems to have been waved as by general consent ; and it would be unfair to dwell upon the unmeaning pathological views respecting it, which Sydenham himself entertained—it was the pathology of the time in which he wrote.

The peripneumonia notha of Sydenham is, in the author's opinion, simply an inflammatory affection of

the bronchiæ: not, however, of that description in which a generation of purulent matter takes place; and he has the satisfaction of noticing, that he is not solitary in this opinion: it is now (if he is not deceived) the prevailing sentiment of the schools of the Continent. A writer of merited reputation, whose works are well known in this country, in his account of the diseases of the chest, holds the following decided language:

“ *Peripneumonia notha, fortior bronchiorum catarrhus est quo, frigida et humida sub tempestate, ab accedente membranæ mucosæ hos canales investientis irritatione, copiosior tenaxque pituita celeriori passu secreta, bronchiorum fines*

opplendo suffocationem sat citò minatur; quàm ob dolorem aut ob primariam inflammationem spiritus præcludatur." The remainder of the account, which is perhaps one of the best on the subject, is too long to transcribe.—Frank de curandis Hominum Morbis, vol. ii. p. 138.

The distinguished Stoll, whose writings afford another happy instance of erudition associated with observation, treats briefly of this complaint in his Aphorismi de Febribus, cxxviii. under the title of Pleuritis humida seu Angina bronchialis.

"Inflammatiò subinde bronchia eorumque ramificationes prehendit; inde febris acuta," &c.

In the *Ratio Medendi* of the same author, there are many accurate observations on this subject, to some of which there will be afterwards occasion to refer.

Such have been the ideas of some of the more distinguished practical writers on the subject of this disease. Nosologists seem to have treated of it with considerable hesitation ; and an examination of their systems sufficiently evinces, that there has been no uniformity of sentiment about it.

Vogel inserts among the diseases of the order *Adynamiæ*, one which he calls *Pnigma*, and adds the term *Catarrhus suffocativus* as a synonym ; but the definition which follows, clearly shews that these

affections are essentially different: His definition, indeed; is not the definition of any disease, but a description of the phenomena of suffocation.

Of the *Anhelationes* of Sauvages, the affection called *Orthopnoea* constitutes the ninth genus. Its first species he names *Orthopnea peripneumonica*, designing by it the same disease which had been distinguished by the term of *Catarrhus suffocans*. He ridicules the ancient doctrine of defluxions, and proceeds to relate an experiment of Etmuller, in which he injected *Oleum Sulphuris* into the crural vein of a dog, which of course killed it. The air-tubes were found full of a viscid froth, and the lungs infarcted

with blood. “*Hæc est idea,*” he concludes, “*Catarrhi suffocativi.*”

There is very little encouragement, after reading such an observation as this, to expect any valuable information ; but in pursuing the order of *Anhelationes* as arranged by this celebrated writer, we must admire the extensiveness of his views, and the acuteness of his remarks. In describing the *Rheuma catarrhale*, he gives a very sensible account of the phenomena of the disease, and judiciously explains them on the principles which have been already advanced. “*Membrana mucosa quæ vias ærias pulmonum obducit levi phlogosi afficitur.*”

CHAP. III.

*Subdivision of the Diseases of these
Parts; History of Bronchitis
Asthenica, or Peripneumonia No-
tha.*

It has been already noticed, that the bronchial tubes are, from their structure and their office, in a state of natural predisposition to disease. They are more immediately exposed to the influence of the atmosphere, and to the effects of cold, and the quantity of surface which they present is great: they are, besides, highly vascular, abound with mucous glands or follicles, and numberless small vessels open into their

cavity to supply the halitus of the lungs. Under such circumstances, it is only wonderful that they do not more frequently suffer, and there can be little doubt, that the mucous which their surface secretes, affords them a most efficient protection; but the hazard of going out from a warm apartment into an humid or frosty atmosphere, is still considerable, nor can it be diminished by any accumulation of external clothing. It is needless to pursue this subject; let us rather inquire into the history of the diseases to which these parts are so much exposed.

There is a singular variety in the character of Bronchial affections, which it is probable depends

generally on the constitutional peculiarities of the individuals who become their subjects, though it may in some measure depend on the nature of the exciting cause. If, for instance, an healthy vigorous man, of middle age, be attacked, we shall find the symptoms of strong re-action and high inflammatory fever, not, perhaps, inferior in violence to those which would attend a pleurisy in the same person. If the symptoms are not quickly subdued, he inevitably dies, and in a very short time. If, again, it attack a person of sedentary habits, debilitated by intemperance, or other causes, whose best health is but exemption from specific disease, the artizans, for instance, of

the metropolis*, a series of symptoms, less prominent, indeed, but scarcely less hazardous, will ensue, and a fever, which partakes of the low nervous character, will attend them. Others, in the decline of life, and with many indications of a broken constitution, who have perhaps just enough of the *vis vitæ* to maintain for a while a chronic inflammation, become the subjects

* The general predisposition to disease which arises from a depression of the animal force, and is invariably produced by sedentary occupations, or pernicious employments, is most correctly and elegantly expressed in the following passage :

“ Καταλυμαίνονται γὰρ τὰ σώματα τῶν τε ἐργαζομένων, καὶ τῶν ἐπιμελομένων, ἀναγκάζουσαι καθῆσθαι καὶ σκισθηρῶσθαι ἵναί δι καὶ πρὸς τοῦ ἡμετέραν.

Xenoph. *Oeconom.* l. iv. 2.

of the disease under a third modification.

A consideration of the nature of the constitutional peculiarities and of the other circumstances which thus modify this affection, may perhaps supply a nomenclature sufficiently appropriate, by which to distinguish the several species. If the term Bronchitis be appropriated to the genus, we may distinguish the three principal species by the epithets of, *acuta*, *asthenica*, and *chronica*. To the first of these, the Bronchitis acuta, belongs the disease shortly to be described: the second, Bronchitis asthenica, is designed for that which now bears the name of Peripneumonia notha; and to the third belong chro-

nic coughs, Tussis cum dyspnœa, Catarrhus pituitosus, Catarrhus senilis, &c. of which there are many varieties, into which it were needless to enter.

But in place of following that order in description which seems more natural in arrangement, it will perhaps be better to describe in the first instance, the Bronchitis asthenica, as it is the more familiar complaint, and will therefore constitute a more convenient standard of reference.

Of Bronchitis Asthenica.

After exposure to cold, and some incipient feelings of disorder which the patient does not particularly advert to, he finds considerable op-

pression and uneasiness in breathing, which is in some instances attended with an obtuse pain about the præcordia, or by a general sense of weight, anxiety, and tension all over the chest. The respiration is commonly more frequent than is natural, and is attended very generally with a wheezing noise, peculiar to affections of this description. If the patient be desired to make a deep inspiration, and to extend the chest to its full capacity, his effort is either interrupted by a fit of coughing, or if accomplished, his uneasiness is increased, and the pain, if any existed, is aggravated. There is no sharp pain in the side,

but rather a diffused sensation of soreness. The dyspnœa becomes more considerable if the patient attempts to lie down, and he therefore usually adopts from choice, a posture more or less deviating from the horizontal, but is commonly able to rest on either side indifferently. In addition to this constant dyspnœa, there are cases, in which a symptomatic asthma is superinduced. The patient is subject three or four times in the day to a manifest aggravation of the difficulty in breathing, a sudden constriction across the thorax is complained of, and sometimes prevails to so great a degree, as to prevent the voice from being

articulate. In a short time, however, this spasmodic exacerbation remits, and the complaint resumes its usual level.

At the same time with the dyspnœa, or soon after, a cough commences, which is at first unattended with expectoration, and often remains obstinately so for the first two or three days: it is frequently (but by no means so constantly as might be expected), attended with hoarseness. If the disorder take a favourable turn, the expectoration of a thick, whitish, frothy mucus comes on, and greatly relieves the symptoms. Its quantity is not usually great; in a few instances it has been streaked with blood, and is brought off without

much effort, the violence of the cough diminishing, while perhaps its frequency remains.

Such are the symptoms, as they affect the organs of respiration. The just measure of the urgency and danger of the disease, is undoubtedly to be estimated by the urgency of the dyspnœa which attends it, which is often exceedingly great, while the cough is by no means so.

This disease is very generally attended with head-ach, and sometimes this symptom is so severe, that the patient's attention chiefly rests on it: which perhaps is rather a favourable omen; for in those cases in which the distress in breathing is great, the patient has

no leisure to advert to his head-ach; or this symptom may occur most frequently in the more manageable cases, and be absent in very severe ones. It is of a particular kind too. A violent tensive pain above the eye-brows, just across the forehead, intolerably aggravated by every fit of coughing, is a symptom which, though not universal, is certainly met with in the greater number of cases, and it remits only with the primary inflammation.

The tongue invariably exhibits some deviations from the natural state. The digestive powers are at a stand; the patient is not merely indifferent to food, but he commonly loathes it as much

as in idiopathic fever; he has thirst, but it does not appear to be urgent. The urine is constantly loaded, turbid, and high coloured.

The pulse in this disease is not so correctly the measure of its force and urgency as in some others. It has sometimes all those characters of hardness, fullness, and frequency, which indicate the state of the circulation in highly inflammatory affections. But it is more usually that sort of pulse which we find connected with the acute rheumatic affections of the metropolis, increased in frequency, diminished in strength, with some hardness.

The countenance, in this com-

plaint, is neither flushed nor livid, and there is commonly no catarrhal affection in the nostrils.

The heat of the surface is often not much increased, except towards evening, when, as in other febrile affections, the patient becomes hot, restless, and uneasy. The skin is, however, in an obstructed state, and it is often difficult to excite diaphoresis.

In moderate cases, in the course of a week or ten days, the symptoms decline, the breathing becomes almost natural, and the desire for food returns. But the cough will often remain, on account of the morbid irritability of the passages, for a considerable time, and the patient does not altogether re-

cover his strength till some weeks have elapsed ; much, however, depends on a favourable state of the atmosphere. This complaint, it may be added, is one of those which generates in a remarkable manner, a pre-disposition to a future attack.

Such is the common course of the Bronchitis asthenica, or Peripneumonia notha : its danger chiefly consists in its power of debilitating to a great degree, not only the constitution in general, but specifically the parts which it attacks ; hence, a redundant secretion of mucus, in unfavourable cases, comes on, expectoration ceases, and the patient is suffocated.

But there are other ways in

which it terminates ; it sometimes becomes the origin of a spurious consumption, and it is no uncommon thing, to subdue the violence of its symptoms, and yet not to conquer the disease. The patient recovers perhaps a little strength, and leaves his bed, but his respiration is uneasy and oppressed. The cough and spitting, though mitigated in violence, continue to harass him ; his pulse becomes more feeble and frequent, and a general debility takes place, attended with a decided loss of flesh. He becomes subject to irregular sweats, and in the course of a few months the emaciation often makes rapid advances. A person who sees this complaint after it is formed,

and some time established, is ready to conclude, that he has to deal with Phthisis pulmonalis ; but if he be able to trace it from its origin, he will discern that it is an affection essentially different from consumption, however strong the resemblance in external character. There are also materials for a Diagnosis. The author has known patients in an extreme state of debility and emaciation, consequent to bronchial inflammation, distend the chest to its full capacity without feeling much uneasiness, and not any pain, because the substance of the lung is not diseased. They lie down in bed much more easily than consumptive patients, have no shooting pains in the chest,

and though they sweat, there is nothing like that profuse discharge from the skin which produces the solution of the hectic paroxysm. The appearance of the sputa might perhaps be taken into the account, but this cannot be exclusively depended upon.

Every person who has been in the habit of seeing this disease, has probably noticed its termination, as above represented, in a fictitious consumption. In the *Ratio Medendi* of Stoll, there are some very correct observations on this express subject, and the passage is perhaps worth transcribing. *Ratio Med.* vol. vii. p. 10.

“*Prout peripneumoniam veram, subinde vera quoque phthisis ex-*

cipit et suppuratoria, ita notham
 peripneumoniam, excipit phthisis
 pituitosa, seu æque notha. Febre
 ut plurimum carent, tussis assidua,
 vesperi major, cum repleti thoracis
 et nonnunquam quasi exulcerati
 sensu; sibilus; strepitus inter tussi-
 endum; vesperi noctuque orthop-
 noea; sæpius aut semper ferme
 asthmatica respiratio. Sputa co-
 piosissima, flava, flavo-viridia, as-
 pectu pus referentia sed pure mul-
 tum consistentiora, et tenacia duc-
 tiliaque instar pastæ ductilioris.
 Emaciantur ut sceleta sint mera,
 cute rugosa, crassa, pendula, fur-
 furacea, imperspirabili elephantina.
 Hoc rerum statu levantur a lichene,
 curantur a decocto corticis Peruvi-
 ani."

This account agrees, in most of the essential particulars, with the experience of the author. However, the agreement is not perfect; for one of the essential conditions of fever, frequency of pulse, he believes will be universally found in the spurious as in the genuine consumption: were it not so, the diagnosis would be simple; but so far is this from being the case, that the disease in question has proved more than once the occasion of considerable perplexity. Patients who appeared to be irrecoverable, and beyond the reach of all medicine, have seemed to get well almost without any, have recovered very unexpectedly their flesh and strength, and have exhi-

bited a spontaneous convalescence. He has no longer any doubt that, under a variety of circumstances, the mucous membrane takes on a peculiar action, producing many of the symptoms of genuine phthisis, but under proper treatment, or sometimes by the unassisted efforts of nature, returning to an healthy condition. He is therefore satisfied that the diagnosis of pulmonary consumption is not always obvious, and believes many of those cases in which medicine has been so successful, and where certain remedies have acquired so much reputation, to have been really of the pseudo-consumptive nature.

It will be repeatedly observed by all who pay attention to the pro-

gress of diseases, that a patient shall be confined a whole winter to his apartment, or be very little in a capacity to leave it, shall become greatly extenuated, and appear to his friends to be in an hopeless condition, yet as soon as the milder temperature of the vernal months shall commence, he will gain a little ground, and the advancing summer makes him a convalescent. The next winter, the slightest accident is sufficient to excite a fresh attack. This is a sort of case, in which a change of climate would in all probability be the most beneficial measure which could be adopted. The lichen islandicus will often render very

considerable benefit to such patients, but it has not appeared to merit the high character which Stoll has given it.

CHAP. IV.

History of Bronchitis Acuta; with some Cases, and Examinations after Death.

AN attack of Bronchitis acuta takes place after the same circumstances of exposure to cold, &c. as are usually productive of other pulmonary affections; but it comes on more suddenly, and in place of the insidious manner in which the peripneumonia notha gains ground, it shews its formidable character from the beginning. The patient is attacked with a sense of constriction, or other uneasy feeling at the chest: his breathing is hurried and pain-

ful, and becomes more and more laborious, till at length an orthopnoea is completely established, and the efforts of all the voluntary muscles which can be called into action, render the oppressed state of the lungs sufficiently evident. The countenance is full of anxiety, the nostrils are seen in perpetual motion, nor is it easy to conceive a more distressing spectacle, than a patient under this attack exhibits. Cough soon succeeds, and though some expectoration attend, there is little or no relief derived from it. The state of the surface, of the tongue, and of the urine, though liable to variety, all unequivocally indicate the phlogistic diathesis; and the moment the pulse is felt,

the necessity of immediate venesection is obvious. Wheezing is not a constant, perhaps not a common, symptom. If the disease remain for a few days unsubdued by proper treatment, or have been hitherto neglected, all the marks of excessive action disappear, the pulse is no longer full or hard, it has become excessively feeble, and of almost countless frequency; partial sweats break out at intervals; the patient spits up an immense quantity of yellow sputa, till from feebleness he can expectorate no longer, and then the secretion accumulates in the bronchiæ till he dies. The last hours, in some cases, exhibit the "luctus cum morbo" in a frightful

degree of violence, and the patient often becomes delirious before he sinks under it.

There are several things in this disease which are so remarkable, that they cannot fail to arrest the attention. In the first place, the local symptoms exceed in violence those of pleuritic or peripneumonic affections ; again, it destroys life often within a week from the attack, which other inflammatory affections of the lungs very seldom do ; and the suddenness of the conversion from a state of inflammatory action to an irremediable debility, is particularly striking, and will be invariably found to attend it ; and though this debility will be observed in all the functions of the body, yet it is

the pulse which most unequivocally shews it. The effect produced on the circulation in inflammations of the bronchiæ is so striking, as to have been long since particularly noticed, in a case described in the 3d volume of the *Edinburgh Medical Essays*, by Dr. Alexander *Monro*; it is entitled, "*An Asthina with uncommon symptoms.*" The patient was cured; but two relapses brought back the same remarkable "loss of pulse" which had at first attracted the attention.

As in other pectoral inflammations there are various degrees of violence, so these must be expected in affections of the bronchiæ; and in cases which undoubtedly belong

to the same genus, symptoms considerably less striking will sometimes occur : but it seemed proper to give the description of the disease as it affects patients of previous health, where it will shew its genuine characters, unobscured by that antecedent debility which so materially modifies and obscures the symptoms of phlogistic maladies.

Of the rapid progress of this disease, the following cases, very briefly stated, will give some idea to those who have not seen it.

About four years ago, a man of forty years of age, exceedingly muscular, and of health which knew no interruption, went out to Greenwich on Easter Monday, and

heated himself by the coarse amusements which are customary on that occasion. He found himself ill in returning to town at night, went immediately to his bed, and was attacked with the symptoms above related. He was seen on the second day; it was then not too late to bleed him, and, as far as recollection serves, this operation was repeated, but with inconsiderable relief. Every other measure which seemed likely to be of service, was of course adopted; but he died within the week.

The chest was examined the day after. The bronchiæ were completely plugged up by a thick tenacious secretion; but the lungs

were perfectly sound, and there were no adhesions, or other marks of disease.

In the early part of the last winter, a man of thirty-five years, who had been troubled with an inconsiderable cough for some weeks before, was attacked with violent dyspnœa while working in the open air. The cough became incessant, and he expectorated a great quantity of thick greenish-yellow sputa; but the dyspnœa, in place of being relieved, became rapidly worse. On the third day after the attack he was visited, and the symptoms of extreme debility had already appeared; he was unable to breathe, except when the trunk of the body was elevated.

The respiration was very frequent, and attended with a singing noise like that of water beginning to boil. His pulse resembled that of a patient in the last stage of typhus fever. His countenance was very pale, and his expectoration soon began to be less frequent. He lived two days longer, and was delirious some hours before he died.

On examination, the lungs were perfectly sound, and free from adhesion. The bronchiæ were not full, as it was expected they would be, of that secretion of which so great a quantity had been expectorated; but marks of inflammation on their surface were sufficiently distinct. The operation of an emetic taken a few hours be-

fore his death, had probably removed the secretion, which had existed to so great an extent during the progress of his illness. This patient, therefore, did not die of suffocation, but in consequence of extreme and suddenly induced debility.

A young healthy woman, aged nineteen, took cold, by watching her sick child in the beginning of the winter, and died in a week, under the well-marked symptoms of bronchial inflammation. She was seen when it was too late to attempt any active measures for her relief. The chest was not examined.

A child of about two years old laboured under difficulty of breath-

ing after the measles. The respiration was frequent and noisy, and considerable fever attended. It remained ill for above a fortnight, and latterly became emaciated. On examining the chest, the lungs were entirely sound, but the bronchiæ were completely filled with a secretion of a more fluid consistence than usual, and of a purulent appearance.

Since his attention has been first excited by this important disease, the author has seen a considerable number of cases of it, which, however, partly because they have been deficient in that species of evidence which is supplied by examination after death, and partly from a desire to compress the

subject into moderate limits, he is unwilling to detail, although they have in general been of that well marked character, which removes all ambiguity. He feels however, the propriety of noticing in this place a valuable communication of his friend Mr. Chevalier on this subject, in the Medical Journal for May, 1802. Five cases are there recorded to have happened in a month, two in adult persons, three in children. In all these cases the parts were examined after death. In all there was a striking similarity in the appearances; the lungs, on opening the chest, did not collapse, but were perfectly sound. Appearances of inflammation in the trachea and bronchiæ were no-

ticed in all; and the tubes, with the exception of one case in which an emetic had been given, were full of that secretion which had produced suffocation. In the first of these patients (a young man of twenty years of age), the symptoms were very insidious; which has not usually been the character of the cases which the author has seen. In the next, only the secondary symptoms (which are always those of debility) are related. The symptoms in the cases of the children, were those which usually occur, and the author has not the least doubt that these unresisting victims oftener perish from this, than from any other acute pectoral affection.

On turning over the pages of those authors who have engaged in the useful task of recording morbid appearances, a considerable addition to the evidence already detailed might very easily be made. But as the author does not perceive what valuable purpose this research would answer, he declines it; however, there are some cases in Bonetus which are worth referring to, though perhaps the titles of the histories delivered, will supply all the information which may be needful.

Lib. II. 2. Dyspnœa a lenta pituita intra tracheam.

4. Orthopnœa ab inflammata aspera arteria.

Lib. II. 9. Suffocatio a materia vis-
cida bronchia obtu-
rante.

62. Asthma ob pulmonum
meatus pituita infarc-
tos.

There seems to be a striking analogy between this disease and the cynanche trachealis. It is in fact an extension of the inflammation, which in the croup is confined to the trachea. The analogy is in no respect more striking than in the marked division of both diseases into two stages, in the latter of which we are mere witnesses of the resistless power of a disorder against which we are destitute of remedies. All that can

be done in either case must be done at first.

It seems to be in the highest degree probable, that the secondary pectoral symptoms of measles, and the dyspnœa which supervenes to hooping cough, have usually their origin in this affection of the bronchiæ. In one of the cases above related, this supposition was confirmed by an examination of the lungs. There is a corresponding case given by Lieutaud, *Hist. Anatom. Medica.* l. ii. Obs. 4. (a). A child died of measles; the bronchiæ were full of a purulent secretion, “*pulmonibus inculpatis.*” Indeed it might fairly enough be expected, that the pneumonic symptoms of the mor-

billi should have this origin. The disease begins with a peculiar catarrhal affection of the mucous membrane of the nostrils, &c. which declines as the exanthema appears. When this has completed its course, the chest is affected, and this secondary affection may be readily supposed to have its seat in another portion of the mucous membrane, which so universally exhibits the symptoms of the incipient disease.

With regard to hooping cough, whatever be its proximate cause, it is obvious that the bronchiæ must materially suffer from its violence, and therefore the inflammatory symptoms which often affect the lungs in the course of this

disease (symptoms in which almost the whole of its danger consists, and which seldom appear in its early stage), may be plausibly supposed to have their origin in that affection of the mucous membrane which we have been considering. At the same time, it is not to be denied, that the hooping cough sometimes proves the occasion of a true peripneumony.

CHAP. V.

Termination, Pathology, and Diagnosis of these Diseases.

THERE is another circumstance connected with the subjects of this inquiry, which respects the nature of the secretion, the accumulation of which has been found to have occasioned death in so many cases of bronchial inflammation. Without doubt, it is commonly only the redundant secretion of the mucus, with which these organs are in an healthy state so constantly supplied. But it has been the opinion of many persons of judgment and

observation (nor is the subject by any means new), that the membrane of the bronchiæ, under inflammation, sometimes forms a true purulent secretion. The following particulars will tend strongly to authenticate this opinion; they respect one of the patients whose case is described above.

This person was under the author's treatment during the whole of the winter preceding that in which the fatal attack took place, with cough, dyspnœa, and fever. He was long confined to his bed, and at last grew so emaciated, that his recovery seemed impossible. There constantly stood by him a vessel half full of sputa, often of an unmixed green colour, and having

in all respects the appearance of pus. He had also the symptoms which attend the formation or absorption of purulent matter; he had rigorous regular exacerbations of fever every evening, and sweated profusely in the night. It seemed at that time, that the lungs must contain some large vomicæ, to supply such a great quantity of matter; but yet he could, when desired, expand the chest without any considerable uneasiness or difficulty. At the beginning of June, the author had occasion to leave town for a short time, and concluded that his patient had not many days to live. In a few weeks he inquired after him, and found him so much better, as to have left the house.

The mild weather gradually restored him, he recovered his flesh and strength, and resumed his employment ; nothing remained but a slight cough, and to this he had been long subject. Under these circumstances he was attacked at the beginning of the winter, and was cut off in a week with the symptoms which have been related. The lungs, as stated above, were entirely sound. Now, as the immense quantity of sputa of the preceding winter and spring were purulent, and the symptoms those which attend the formation of matter, the pus must necessarily have been formed by the inflamed surface of the mucous membrane. Nor is this doctrine by any means

new : there are several very distinct cases which support it, recorded by Mr. Lieutaud, and it may not be uninteresting to quote an example or two from his valuable work.

“ Febre laborabat octennis puer cum tussi et anhelitu difficili. Vox erat clangosa cum levi deglutiendi difficultate. 4to ab insultu die ad æthereas sedes convolvavit.

“ Tubus trachealis extus œdematosus videbatur. Ejus facies interior levi phlogosi correpta materia crustacea obtegebatur. Bronchiæ et vesiculæ pulmonales pure scatebant etsi intacta erat pulmonum substantia.”—Hist. Anat. Med. lib. i. sect. i. 4.

“ Puerum triennem, vultum sub-

tumidum habentem, invadit febris cum tussi sicca, et anhelitu, urgentibus nauseis propinatur emeticum, quo ejicitur materiæ mucosæ copia. Dein exacerbatur morbus, vires deficient et 3tio die mors advenit.

“ Reperitur in trachea et bronchiis mucus purulentus. Quo adempto, patebant leves phlogosæos reliquiæ.”

Another case terminated fatally on the fifth day. The dissection shewed the bronchiæ and vesiculæ pulmonales full of purulent mucus, “ integris pulmonibus.”

A child of sixteen months died with a pectoral disease. On examination:—in conspectum veniebat bronchia et trachea latice mu-

coso et nonnihil purulento obstructa et levi phlogosi tacta.

In the work of the same writer on the practice of physic, there are more instances of this kind; among others, the following is very distinct.

“Comperiuntur bronchia mucoglutinoso vel pure concreto infarcta, vasa circa hæc reptantia, plus æquo turgida, varicosa.”

Morgagni, DeHaen, and Home, are quoted as the authorities for these cases. They prove (besides the point for which they have been cited) the uncommon celerity with which this disease advances to a fatal termination.

It seems then sufficiently clear, that the inflammation of the mu-

eous membrane of the bronchiæ is sometimes merely the superficial inflammation of catarrh, while at others it has a greater resemblance to the inflammation of the proper substance of parts.

It has been above noticed, and confirmed by the authority of Stoll, that the *Bronchitis asthenica* often ends in a spurious consumption : such also may be the termination of the acute. The author had some time ago a case, in which the latter species of the complaint was not wholly subdued by the active measures adopted with that view ; but notwithstanding repeated bleeding, it terminated in a chronic inflammation of the parts, productive of cough and spitting, emaci-

ation, and perpetual dyspnœa, from which the patient has been never since exempt, except during the warm months of summer.

Pathology.

Λιγότερον μὲν ἐν περὶ αὐτῶν ὥς ἕκαστος γινώσκει—ἀφ' ὅτε ἱκὸς ἦν γενέσθαι αὐτῶν, καὶ τὰς αἰτίαις ἀσθενεῖας κομίζει τοσαύτης μετὰ ἐολῆς.

Thucydides, Hist. ii. 48.

The pathology of these diseases will not require a very long discussion. Of the violent pain across the forehead, which constitutes so frequent a symptom of one of them, no explanation, so far as the author knows, has been attempted. If we keep in mind the nature of the part primarily affected, and admit the doctrine of consent of parts

(or sensitive association, as Dr. Darwin calls it), it will not be very extravagant to suggest, that this pain may depend on an inflammatory state of that portion of the mucous membrane which lines the frontal sinus. This head-ach essentially differs from that which is connected with disorders of the alimentary canal, nor is it removed but by those remedies which diminish the primary inflammation in the chest.

The wheezing noise in respiration is another peculiar symptom. That it does not depend on a mechanical interruption to the reception of the air, produced by mucus obstructing the passages, is sufficiently certain; for the author has

constantly noticed, that this noisy breathing is most considerable in the first stage of the disease, before there is any secretion; and that when the inflammatory tension is taken off, and the patient begins to spit freely, it is greatly moderated, and in general goes off entirely. This symptom is therefore owing to a certain constricted state of the parts, a greater rigidity or straitness than is natural, excited by the inflammation which affects them. The occasional exacerbations of the dyspnœa, which have been noticed above, may also be explained upon the same principle. An inflamed surface is predisposed to spasm; and the slightest occasional cause, under such circumstances, will very

often be sufficient to excite a fit of this symptomatic asthma in those who labour under bronchial inflammation. Thus, too, in the *eynanche trachealis* (to which, as has been noticed above, this disease bears more than a loose resemblance), though it be essentially an inflammatory affection, yet practical writers have always remarked, that it is subject to spasmodic exacerbations.

There is, however, another kind of noisy respiration, which really depends on the presence of the mucous secretion in the bronchiæ, and the obstruction it occasions to the admission of the air. But we find this more commonly in children: with them, indeed, it is

particularly frequent, because they employ no voluntary efforts to relieve the chest.

To this sort of respiration Bonetus alludes :

“ *Dyspnœa est sine sonitu ubi materia occupat propriam pulmonum substantiam non vias. Sed hæc incidat in bronchia tunc sonitus accedit.*”

With respect to the sudden occurrence of that extreme debility in the more acute bronchial affections, which extinguishes all hope of saving the patient, it may probably be in some measure explained, by reflecting that those changes which are wrought upon the blood, in its transmission through the lungs, by the agency of the air in respiration, must be very much im-

peded when the secretion is great. The mucus forms a varnish which tends to diminish the communication between the blood vessels and the air vessels : the blood deprived of its pabulum, no longer stimulates the heart to a just degree of action : the circulation therefore becomes languid, and the pulse sinks. In one of the fatal cases of which the particulars have been related, the patient certainly died from the inirritability and weakness which were induced. He was not suffocated, the bronchiæ, on examination, being found unobstructed.

This view of the subject seems indeed to require, that the countenance should exhibit a livid, rather than the pallid appearance.

which has been noticed above: the livid hue would probably be more frequently evident, were it not for the languid state of the circulation; for the blood (if the hypothesis above proposed be in any measure just), must be, under such circumstances, less oxygenised, and therefore less florid. But if the action of the heart and arteries be at the same time very feeble, it may not be propelled to the surface in sufficient quantity to produce a corresponding appearance in the complexion. The author has repeatedly noticed a slightly livid tinge diffused over the almost bloodless countenance of such patients. Where that colour is more fully established, an obstructed

state of the pulmonary circulation probably coincides with an interruption of the chemical changes accomplished in respiration. Thus in Peripneumony, where these two conditions often concur, the countenance is usually livid in a striking degree.

With a view to a more perfect intelligence of this subject, it would be an useful inquiry, whether the æriform excretions from the blood are diminished, or greatly interrupted; for if the halitus and the carbonic acid come forth in their usual quantity, then the redundant secretion of the bronchiæ is not able to prevent the escape of an elastic fluid from the blood, and we should be, perhaps, justified in

concluding, that it would be equally incapable of preventing the absorption of another. Both of these functions are interrupted, if either is; and the retention of any mephitic air, which should be eliminated from the circulating fluid, would be perhaps quite as much concerned in inducing the inirritability of the heart and arteries, as the diminished absorption of the vital portion of the atmosphere.

Sauvages seems to have entertained some opinions on this subject, not unlike that which has been just stated; but the consequences which this writer had in view, were rather of a mechanical than a chemical nature. He takes it for granted, that the bronchial

secretion has the property in question ; but as the theory of respiration was in his time very defective, the only effect which occurs to him is, the retention of the halitus. He cites the computation of Hales, that the aqueous exhalation from the lungs equals 22 ounces per diem : “ hoc ergo suppresso infarciuntur vasa excretoria et secretoria pulmonum, tumet textus cellularis, imminuitur viarum aërearum capacitas, inde vero respirandi difficultus angustia, dolor.”

Diagnosis.

The only circumstance of any moment which comes under this head, respects the distinction of the

acute inflammation of the bronchiæ from other acute pectoral diseases. None of the other forms in which it presents itself is likely to be mistaken.

In the author's apprehension, the peculiarity of the respiration will constitute the least erroneous test on this occasion. The disease is not likely to be confounded with Peripneumony, and from Pleuritis it may be known, by the absence of the sharp pain of the side, by the presence of a more extended feeling of soreness, uneasiness, or pain, so that the patient cannot refer to any circumscribed spot; by the power of turning on either side without increasing that pain; by an urgent necessity for preserving

an inclined posture of the trunk of the body; and if the wheezing noise should attend, the case will be very distinctly marked. There is, moreover, an anxious distress countenance, in the bronchial inflammation, which one does not notice in the Pleurisy, and the state of the pulse is certainly different: it is frequent, and it is hard, but it wants the sharpness and vibrating feel of the pleuritic pulse. There is something here in the nature of the part inflamed, which has an influence on the kind of pulse produced, just as in enteritis, and inflammation of the stomach. The pulse in these diseases, as all practical writers have noticed, is not like the pulse of other visceral in-

inflammations. Add to these considerations the general appearance, and the history of the case, and no great doubt can remain.

Prognosis.

From what has been said of the character and symptoms of the acute Bronchitis, it would seem, that of a violent attack, the event must necessarily be doubtful, even if there be opportunity to employ remedies from the beginning. That the danger is far greater than in Pleurisy, there can be no doubt. If we are called when the acute symptoms are on the decline, and those of debility beginning to manifest themselves, the prognosis is

still more unfavourable. Recent cases of *Bronchitis asthenica*, or *Peripneumonia notha*, if there be nothing particularly unpromising in the constitution of the patient, usually do well ; but if an aged or a debilitated person be its subject, especially if he have been subject to the disease before, there is considerable hazard ; such cases in advanced life often end fatally. Nor are the instances few, in which the disease degenerates into a chronic cough, which is attended with difficult respiration, and which exhausts the strength very rapidly. The circulation of the blood through the lungs does not go on with its usual facility ; an habitual congestion takes place, and, in many in-

stances, this state is succeeded by an effusion of water into the chest. Of the hydrothorax thus produced, it is of some consequence to know, that it is not necessarily incurable; since it by no means implies any organic affection of the heart, or of the pulmonary vessels.

CHAP. VI.

Treatment.

ἐβόησαν δὲ, οἱ μὲν ἀμελῶς, οἱ δὲ καὶ πάντες διεκ-
 πτυόμενοι—σώμα τε αὐτάρκεις ὃν οὐδὲν διεφάνη
 σφραγὶς καὶν, τοιοῦτο δὲ καὶ ἄλλοις ἐπὶ τῇ πόλει.

Thucyd. Hist. ii. 51.

ALL that can be said with regard to the management of the acute cases of bronchial inflammation, may certainly be comprised within narrow limits.

At the commencement of the disease, when the strength is entire, and the phlogistic symptoms clearly marked, of course the great remedy is blood-letting. This practice, however, though of unequivocal propriety, has not the same success

to recommend it here as in other acute pulmonary complaints. The patient frequently dies, where the phlogistic symptoms have lasted long enough to have given a fair opportunity of adopting, and even of repeating, this practice. The extent to which it should be carried, must of course depend upon the circumstances of the individual case. Twelve ounces of blood, taken quickly from a vein in the arm, will perhaps generally constitute a sufficient bleeding in a case of moderate violence; but every thing depends on the case. We are only to recollect, that where venesection is proper at all, it is certainly the remedy, perhaps the only remedy, by which the in-

inflammatory action can be cut short. Here, as in other instances, from the effects of a first bleeding, and the appearance of the blood, we derive instruction as to the repetition of the practice, and this is one reason for preferring the lancet to the cupping-glass ; and the author is persuaded, that a patient is very seldom more weakened eventually by general than by local bleeding (the quantity of blood drawn being equal) ; though perhaps he feels the effects of the former practice more suddenly, a circumstance from which it derives its chief recommendation. Except, therefore, in the case of children, he would prefer the lancet to any other instrument.

After bleeding as in other complaints of the chest, a blister should be applied, but the author confesses, that he has but an indifferent opinion of the power of this ancient remedy in severe pectoral complaints: it must indeed be a very slight affection of which a blister will effect the cure.

It has been long an opinion, that purgatives are not useful remedies in pulmonary affections; that they are not so important with regard to the local affection here, as they are in diseases of the bowels, is sufficiently admissible, but as general remedies they are equally so. An active purgative ought certainly to be given: nothing is better than the *magnesia vitriolata*,

either alone, or dissolved in the infus. sennæ.

To excite and to maintain a general diaphoresis, is certainly very desirable in the treatment of all diseases of the lungs attended with fever. But sudorific medicines are very uncertain in their operation. Sometimes the combination of drugs which we prescribe with this view, proves emetic, sometimes purges, and very often does nothing. The uncertainty of these remedies may be however considerably diminished, by premising the warm bath, and this measure may be of service in other respects. A medicine which the author thinks as little likely to disappoint as any is, compounded of

two or three ounces of aq. ammon. acetat. made with a considerable excess of acid, and from half a grain to a grain of tartarized antimony.

The steady employment of antimonials in this disease, is, according to the author's judgment, of considerable importance. The doses should be frequently repeated, and the quantity gradually increased till the maximum short of vomiting is acquired. Where this remedy succeeds at all, it is of extensive utility : while it takes off the tension of the surface of the body, and proves diaphoretic, it exerts its powers not less equivocally on the exhalents and secreting vessels of the lungs, so as to promote

an early and a free expectoration. A mere aqueous solution of the antimon. tart. is perhaps preferable to the vin. antimon. tart. for some of the salt always precipitates when the latter preparation is kept for any length of time. The solution may be made in the same convenient proportion of four grains to an ounce.

The instrument contrived several years ago, for the purpose of conveying warm air mingled with the vapour of hot water into the lungs, might perhaps be of service in this and in other complaints, if it did not require so much exertion on the part of the patient. But it is found to occasion so much fatigue, that it is gone into disuse,

without perhaps fair experience of its efficacy. So soon as the patient finds that it requires a forced inspiration, he almost always relinquishes it; and, indeed, if any person in perfect health, endeavours to breathe for a few minutes through the Inhaler, he will readily conclude, from the efforts he is obliged to make, that however promising, it is inexpedient in cases where the respiration is already laborious or painful.

There is a remedy of some promise in this complaint, of which the chief recommendation must at present be derived from analogy. Calomel is perhaps the best medicine in the cynanche trachealis, where the febrile symptoms are

quite as high, and the local affection similar. The author has had the satisfaction to find it, in several instances, relieve the chest so materially in the more chronic inflammations of this genus, that he thinks he should give it a trial when a fair case of the acute disease again presents itself: he would employ it as in croup, in small, but frequently repeated doses.

The powers of *digitalis* would seem to indicate, that it is well calculated for the relief of this disease, but it has not appeared to merit any superior reputation in the acute species of the complaint. In that which will fall next under consideration, it is of service, and where a disposition to hydrothorax is induced (as it

often is) by repeated attacks of asthenic inflammation, it is highly valuable, and frequently counteracts that tendency. The same remedy has also proved, in a few instances, very serviceable in the bronchial affections of children, and therefore it certainly merits attention*.

* Much of the disrepute into which the digitalis has fallen, is probably owing to this circumstance, that it has not been given to a sufficient extent. The tincture is seldom prescribed in greater doses than ten drops, and in this quantity it rarely succeeds in any disease. But the fact is, that children of two or three years old, will often take much greater doses without any inconvenience; and the author is satisfied that, by gradually increasing the quantity, he has often found a remedy of great power in a preparation,

If these measures shall prove unavailing, and the symptoms of debility succeed, there is nothing left but to support the failing strength, and to stimulate the languid circulation. Camphor mixture with the ammonia. ppt. wine, musk, and the various remedies which we employ in nervous fever, are to be used. An emetic may also be tried, but it is doubtful if this practice, under such circumstances, would bear repetition.

In the *Bronchitis asthenica*, or *Peripneumonia notha*, there is a much greater opportunity of using remedies. It is often requisite to

which, when administered in the common dose, had been totally unsuccessful. Still, the incipient dose should be small. }

commence the treatment of this complaint by taking a few ounces of blood; but the inflammatory tendency (if the subject be unfavourable for that practice) may often be reduced by means of regimen, purgatives, and saline medicines.

The treatment of this complaint is a good deal committed to what are called, expectorant remedies. After prescribing these drugs in many forms, and various combinations, the author cannot say he thinks highly of their efficacy—and yet some efficacy they have: for it certainly consists with observation, that one shall fail, and another, yet under the use of a third, a patient shall be very sure that he is better. It is true, that

by the time he makes trial of the third, a natural period of relief may have arrived; still we must allow something to medicine.

Those medicines are most likely to prove expectorant, which act generally on the extreme vessels of the surface, and we find accordingly, that antimony and ipecacuanha are among the best remedies of this class. The antimonial hydrosulphurets, which have long possessed, and still maintain so much reputation in the continental practice, are too much neglected here. The kermes minerale, and the sulphur auratum antimonii, maybe exhibited with advantage; but whether they have any essential superiority over the stibiated preparations

employed in Britain, it is not easy to determine. They are certainly not so apt to induce vomiting; besides, it is highly desirable, that we should be able to prescribe a remedy of so much importance as antimony in a variety of forms.

Ipecacuanha is frequently of service. When antimony either fails, or, from some idiosyncrasy, cannot be administered in sufficient quantity without producing vomiting, this drug will be found much more manageable. Dr. Akenside long ago recommended it (in a paper published in the Medical Transactions), in asthmatic cases, attributing to it a considerable degree of anti-spasmodic power. Its virtue may probably be better explained,

on the supposition that it operates gradually on the extreme vessels, so as to bring them into a state of relaxation incompatible with spasm. It may be conveniently given in doses of a grain, in the *lac amygdalæ*, or yet more conveniently in the form of lozenges.

The squill appears to be of inferior efficacy to the former remedies ; but it sometimes does a little good, and is useful from the variety of forms in which it may be prescribed. Vinegar is probably its best menstruum ; but the *acetum scillæ* is much more nauseous than the tincture, and requires to be given in much larger doses. The *oxymel scilliticum* is not an unpleasant preparation. Three grains of the pow-

der of squill, with one grain of calomel, and the same quantity of digitalis, taken for some nights in succession, has been, in several instances, productive of material benefit.

The foetid gums enter into the list of remedies which are sometimes found useful in this disease.

The ammoniacum makes a very smooth emulsion with water (lac ammoniaci); it is disagreeable to the palate, and is not readily borne by the stomach; but it may be given in the dose of three drachms with five drachms of the lac amygdalæ, and a drachm or two of any of the syrups, without offending either.

Of superior efficacy is the asafœtida, of which there is also an officinal emulsion. In those cases

where there are evidently occasional aggravations of the dyspnœa, it will often render essential benefit, and will sometimes bring on expectation where nothing else will succeed. It is usefully conjoined, in cases of this complexion, with a small quantity of the spt. æther. vit. comp. of the Pharmacopœia.

The polygala seneka has considerable character on the Continent as an expectorant ; but it is only suited to those cases where the febrile affection is nearly gone, and debility remains ; it is then a powerful stimulus. An ounce of the root may be boiled in a pint and an half of water, till one-third have evaporated. Of the strained decoction, the stomach will hardly

bear at first more than half an ounce, which may be mixed with ʒiiss of camphor mixture.

The occasional employment of emetics in the latter stage of asthenic Bronchitis, is a practice, the utility of which is established. They unload the bronchiæ, and produce a salutary concussion to the lungs, and to the whole system, from which, where the debility is not extreme, the patient finds considerable relief.

Opium should be used with great reserve, if there were no other objection to it than this, that it interposes a veil between the disease and the observer, and obscures the symptoms. Nor will the urgency of the cough afford sufficient

argument for the use of opium. The cause of that urgency cannot be subdued, and will most likely be aggravated by it. In inflammatory affections of the bowels, this drug has been used, on account of the severity of the pain, and the practice of employing it in enteritis, has met with an advocate of high authority in Dr. Heberden; but nothing of this nature can be urged for the employment of opium in inflammatory diseases of the chest.

While, therefore, there remain the general symptoms of fever, opium is inadmissible: where the constitutional affection is gone, and nothing but irritability remains, it may be used at the discretion of the practitioner.

This disease often leaves so much debility behind it, that tonics are essentially called for. Light bitters, such as the infusions of cascarilla, columbo, chamomile, or cinchona, should be given till a more confirmed convalescence appear. But nothing does so much good (if the season be favourable for the experiment) as change of air. If the patient exchanges the mephitic air of the metropolis, for the salubrious atmosphere of the country, it is a commutation by which he will more sensibly gain ground, after a certain period, than by any combination of medicines.

CHAP. VII.

*History and Treatment of Chronic
Coughs, &c.*

THE remarks which have been already made with regard to the more pressing affections of the bronchiæ, have left little to be said concerning the chronic inflammation of these parts, from which proceed the variety of coughs with which every one is so familiar.

We may readily apprehend, that in consequence of some more severe affection of this nature operating on a debilitated constitution, the parts which had been previously in a state of over-excitement, may fall into an opposite

state of debility. The consequence of this will necessarily be, a diminution in the activity of the smaller vessels; and the circulation will become so languid, as to keep these vessels in a state of undue distension, though without the peculiar symptoms which attend a genuine inflammation. So long as this state continues, there will be a morbid irritability of the parts, so that the slightest occasional cause will bring on cough, and uneasy respiration. The degree of constitutional affection which attends may be greater or less, but there is always a low fever, disorder of the digestive organs, and general debility.

This complaint is chiefly inci-

dent to people who are past the meridian of life, and who are debilitated from any cause. In persons who are used to drink spirituous liquors, it is attended with more fever, and, of course, they suffer more from it than others. A cough comes on early in the winter, and remains for many weeks or months. The parts become so irritable, that a slight mutation in the weather is sensibly felt; sometimes conducing to the relief, at others, to the aggravation of the symptoms, according to the nature of the change. There is always an uneasy respiration, often a sense of weight, or of fluttering, as they term it, about the pit of the stomach, with a white tongue, a bad digestion, and

an impaired appetite. The sputa are usually copious, sometimes thick, viscid, and tenacious; at others, of moderate consistence, and frothy. There is no pain in the chest.

In many instances the cough is quiet, unless when the patient begins to move, and then it is instantly excited. Some have it worse after taking food, and almost all, cough with increased frequency and violence for an hour or two in the morning, and have no ease till they have relieved the chest of the secretion which had accumulated during the night. The urine is commonly high coloured, and the pulse small and frequent.

There is another variety of this

affection, in which we hardly find any constitutional symptoms. Cough, with profuse expectoration, and uneasy breathing, are complained of; and yet we find the subject of the complaint sometimes free from fever, and not unfrequently with a pulse preternaturally slow. In such cases, we can hardly suspect a primary inflammation. Here the redundant secretion depends entirely on the debility of the secreting organ, and bears some affinity to the *fluxus sine febre* of nosologists. Whatever be the state of the parts, the existence of such a variety of the complaint is not at all doubtful.

As to the treatment of these affections, there is one leading cir-

cumstance to direct it: they are all attended with debility, more or less, and they require tonics and stimulants.

If there is any considerable fever, it should be kept under by the steady exhibition of saline purges, such as a dram of kali vitriol. with an equal quantity of cremor tartar, taken every other day, or oftener, or ʒss of magnes. vitriol. in infus. sennæ with some manna. A few grains of antimonial powder, with pulv. contraerv. comp. may be taken twice a day, with some advantage. In this way, combined with a rigorous interdiction of all spirituous liquors, the febrile affection may usually be moderated. The shortness of breath is not consider-

ably amended by the application of blisters. But from observing that the relief which they afford to such patients, is chiefly confined to the period in which they are exciting the action of the cutaneous vessels, before any vesication is produced, the indication has been pursued, and a stimulating liniment has been directed to be rubbed over the whole chest with sensible advantage. An extensive action on the surface is of course more likely to do good, than a very limited one. One-part of the aq. amm. puræ (if it has been recently prepared) with seven or eight of oil, will be found to answer this design as well as any thing; or a strong solution of antim. tart. in water mixed with a

quantity of camphorated spirit of wine.

It is something to determine, what medicines are not indicated in any disease. In the greater number of cases, expectorants are not indicated here. The secretion is already redundant: on what principle therefore do we prescribe medicines supposed to have the power of promoting it? There is no more propriety in their exhibition in such a complaint as this, than there would be in using cathartics in diarrhoea.

The remedies unequivocally called for in this disease, are tonics, and moderate stimuli. Bitters of all kinds, chalybeates in small doses, the mineral acids, &c.

Nothing suits the intention in general, better than the warm resinous production, myrrh, of which fifteen grains, with five of the ammonia ppt. will be found an useful remedy. A light infusion of cascarilla, or of columbo, or small doses of the powder of either, with a few grains of pulvis aromaticus, are also beneficial. In many instances, the rubigo ferri, or the carbonat of iron, prepared by precipitation, and combined with some aromatics, are of considerable use, and as they have no inky taste, we can order them in the form of electuary. One part of ferrun precip. with four of myrrh, and three of the syrups of ginger, of orange, or of saf-

fron, will be found to constitute an agreeable variety.

White vitriol is often of considerable use. A grain may be taken three times a day, but it should be given in the form of a pill, otherwise it is apt to occasion sickness.

The employment of opium in this disease is almost unavoidable; but those who are familiar with it know, that they cannot by its aid effectually suppress the cough, for it depends on causes which opium cannot remove. It is better to give a full dose of this drug at night, in order to secure rest, than to mix it with all the medicines employed in the treatment of the case. There are instances in which the extract. *cicutæ* has appeared

to mitigate the cough essentially, and the author, from having a good opinion of it in hooping cough, has often employed it in this disease.

An uniform moderate temperature, to be secured only by confinement to the house during the unfriendly winter of this climate, is a measure about the propriety of which (where it can be adopted) no person can doubt; while to the convalescent of this disease, there is no measure more certainly beneficial than a retreat into the country, where the season is sufficiently advanced.


Of the respiration of factitious airs, the author has no experience. But he cannot refrain from no-

ticing, that if any advantage shall
 accrue to medicine from their em-
 ployment, it will probably be ex-
 perienced in the diseases which he
 has been engaged in describing.
 These remedies would have the
 singular advantage of immediate
 application to the diseased parts,
 and there is sufficient variety in
 the airs themselves, to admit of ac-
 commodation to all circumstances.
 The nitrous oxyd, might have a
 chance of exciting an healthy ac-
 tion where the *vis vitæ* is rapidly
 sinking in the second stage of
 the acute bronchial inflammation;
 while the irritability of the parts
 in the other modifications of the
 complaint which have been noticed,
 might be subdued or mitigated by

the admixture of the mephitic airs, with the ordinary atmosphere of the patient*.

* Several cases are recorded in the Medical Essays published by Dr. Ferriar, of Manchester, in which factitious airs were tried, and without effect. That phthisical patients were not relieved, we do not wonder, but the hydro-carbonate was steadily tried in cases of chronic cough, and it did no good.
—Vol. ii. Appendix.

APPENDIX.



THE Author has the satisfaction of recording the successful treatment of a very severe case of the disease which has formed the subject of the foregoing pages, during the time in which they have been in the hands of the printer. On Saturday, April 9, a young woman of eighteen, who had been till then in perfect health, was attacked with some shortness of breath, and fever, after exposure to cold : by Monday the symptoms were greatly aggravated, but no assistance was desired till Thursday morning, when she was found sitting up in bed, the trunk of the body slightly inclined, and supported by

pillows, in this, the only position in which she could breathe. The respiration was very frequent, and anxious, the cough almost constant, but totally dry. A slight pain of the right side, and a violent sense of constriction across the thorax were complained of. The constitutional symptoms left no doubt of the nature of the case ; the skin was hot, the pulse sharp and very frequent, the tongue dry, the urine high coloured, and the thirst urgent. From a consideration of the number of days which the disease had already attained, added to an experience of its tendency to a sudden conversion as above noticed, the active treatment which these symptoms seemed to call for, was not used to that extent which would otherwise have appeared necessary. Six ounces of blood were immediately taken, a saline purgative and a blister were recommended, and the tincture of

digitalis was ordered to be given every two hours without interruption, in the dose of twenty drops: this quantity was soon increased to thirty, and at the end of twenty-four hours she was again visited. The blood was very sily, and the breathing rather relieved; but the relief was certainly inconsiderable. The pulse was not at all diminished in frequency or hardness, though so great a quantity of digitalis had been taken: it was directed, however, to be continued in the same dose at similar intervals, a saline mixture, with a considerable quantity of tartarized antimony, was prescribed, and the venesection was repeated to the same extent as at first. The respiration was more decidedly relieved by this treatment, and some hope began to arise that she might recover: still, however, the pulse retained exactly the same characters as at first. By this time, nearly

5iſs of tincture of digitalis had been taken. The cough was undiminished in frequency, and not the leaſt expectoration had taken place ; but the ſkin had been brought into a ſtate of relaxation, and was moiſt. The blood being equally ſiſy as at firſt, and the tightneſs acroſs the cheſt ſtill complained of, ſome ounces of blood were now taken by cupping, and a grain of calomel was directed to be given regularly every two hours. After eighteen grains had been uſed, the mouth was rather tender, and it was diſcontinued ; by this time the formidable character of the diſeaſe had begun to diſappear ; ſhe was much better, and in three or four days afterwards was convaleſcent.

The Author forbears to make any comment on the above caſe. He is of opinion, that the calomel at leaſt aſſiſted in putting a ſtop to the inflammatory action which exiſted. All the

other remedies he had used in former cases, and in circumstances more promising, yet they had failed. It was the first case in which he had given calomel in acute bronchitis, and he thinks the event affords sufficient encouragement for its repetition.

The powers of calomel in acute inflammatory affections, are by no means understood. Its virtues in acute rheumatism, in hepatitis, and in cynanche trachealis, are still but insulated facts; but the subject is of great importance, and it is to be hoped our experience on this head will accumulate.

In conversation with his friend Mr. Copland, of the 2d Regiment of Guards, the Author learns that several men under his care have died during the preceding winter, of bronchial inflammation; and the nature of the disease has been in some of the cases decided by examination of the parts.

The following accurate report of one of those cases, which this gentleman has since been so obliging as to transmit by letter, is too important to be omitted.

“ On opening the body of a young man who had been supposed to have died of inflammation of the lungs, I could discover no adhesion, suppuration, or other mark of inflammation on the surface of the lungs, but on opening the trachea, it was found quite full of a fluid like the secretion of inflamed membranes; the inner membrane of the trachea and larger branches of the bronchiæ were very vascular, and loose pieces of coagulated lymph floated in the fluid—in short, the parts were highly inflamed. All I can now learn of the symptoms is, that he had much fever, great difficulty in breathing, but little or no pain; that he laboured under the disease for near

a month, and that he was repeatedly bled, but without the relief it usual'y affords in pulmonic cases. For the last week his pulse was irregular, his countenance livid, and he could not breathe without his chin being in contact with his breast."

Since the above case occurred, another has come under the observation of the same gentleman, but of which he had no opportunity to notice the symptoms or the progress. A soldier was brought into the hospital, and died four hours after. The body had been already examined, and the cause of his death was unascertained; but from some conversation which had recently taken place on the subject of bronchial inflammation, it was thought worth while (as the man had died apparently of *some* pulmonary affection) to examine the trachea. It was found (with the larger branches of the bronchiæ) in

a high state of inflammation. The portion of the membrane which covers the cartillages of the larynx exceedingly thickened, and the diameter of the passage much contracted. The parts were taken out, and are in the possession of Mr. Chevalier.

In the first volume of the Medical Transactions, there is a curious account, by Dr. Warren, of the bronchial polypus. A young lady had fever, shortness of breath, cough without expectoration; which, after being somewhat relieved by bleeding, and cathartic medicines, terminated on the twelfth day by the vomiting of a large polypus concretion, which exhibited a cast of the ramifications of the bronchiæ, in which it had been formed. Of these concretions, several were rejected; their length was from two to four inches; one extremity ragged, the other exhibiting a regular ramification

into small and almost evanescent twigs. In this paper, some references are given to authors who had previously described bronchial polypi, but had considered them as blood-vessels. It may be almost taken for granted, that these singular substances were products of inflammation, and that they resembled the morbid secretion of croup.

FINIS.

1841

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